DISCLOSURE SUMMARY PAGE	JAN 1 3 2003	1 2	FORM DR-2 (Rev. 01/98) For Office Use O	
	mmittee 15-961-3232		ndexed SW Audited Computer	
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE S	IGNED
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FÖLLO I AM FILING A	T FOR AN/A (1) EL		· 🔼	FION YEAR.
□CHECK IF AMENDMENT TO REPORT DATED		1	mmittees, enter D I -05-02	Date of Election
☐ Cneck if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a Notice of Dissolution			Local Committee ection is held Warren	es, enter County in
STATEMENT OF CA	SH ON HAND	•		es es
	otal ne od,	\$	1,141.9	34
STATEMENT OF CA CASH ON HAND at the beginning of the reporting period. (This is the to all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period.	otal ne od,	\$		
STATEMENT OF CA CASH ON HAND at the beginning of the reporting period. (This is the t of all monies held by the committee. This amount MUST be th same as the cash on hand at the end of the last reporting perio or must be zero if this is first report filed.)	otal le od,	Φ	1,141.9	
STATEMENT OF CA CASH ON HAND at the beginning of the reporting period. (This is the to fall monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD	otal ne od,	.	170.0	
STATEMENT OF CA CASH ON HAND at the beginning of the reporting period. (This is the t of all monies held by the committee. This amount MUST be th same as the cash on hand at the end of the last reporting perio or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A)	otal le od,	Ф	170.0	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
DAUGHERTY FOR TREASURER	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-16-02	ID# CK# ₆₂₃₇	Caroll or Laurey Uberender 601 W. Ashland Indianola, IA 50125		\$ 50.00	
10-17-02	ID# CK# ₆₂₀₀	Mike or Staci Cunningham 1805 W. Grandview Dr. Knoxville, IA 50138	cousin	25.00	
10-21-02	ID# CK# 4479	Marvin W. Samuelson 857 143rd Ave. Indianola, IA 50125		50.00	
10-24-02	ID# CK# 8236	Gerald E. or Veda M. Johnson 306 North I St. Indianola, IA 50125		25.00	
11-1-02	CK# ₆₂₅₈	Darrell S. and Vesper M. Daugherty 235 Marlou Pkwy. Des Moines, IA 50320-6935	uncle	20.00	
	ID#				
	ID# CK#				
			SUB-TOTAL	. 170 00	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
_	CK THIS BOX IF NDING FORM

COMMITTEE NAME	(Must be same a	s on Statement of	Organization)
DA	UGHERTY FOR	TREASURER	

DATE EXPENDED (MM/DD/YR)	ID N (if a _l AN	NDIDATE NUMBER pplicable) ND PAC HECK JMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#		·		
10-18-02	CK#	1501	Copy Plus	brochures	\$ 251.48
	ID#				
10-21-02	CK#	1502	Norwalk News	advertising	157.50
	ID#				
10-21-02	CK#	1503	Carlisle Citizen	advertising	157.50
	ID#				
10/22/02	CK#	1504	Copy Plus	brochures	502.95
	ID#			,	
11/2/02	CK#	1505	Carlisle Fire Dept.	Pancake Breakfast	30.00
11/12/02	ID# CK#	1506	Julie Daugherty	reimburse for campaign expenses	146.47
	ID#				
12/3/02	CK#	1507	Postmaster	stamps for thank-yous	18.50
	ID#				
12/21/02	CK#	1508	Indianola Christian Union	Church to close account	47.54
			•	SUB-TOTAL	\$1311.94
				TOTAL (if last page of this schedule)	\$1311.94

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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Page		of	